|   |  |   |                       |                               |                           |                                     |                     | Application or Docket Number |              |                        |          |                      |                        |
|---|--|---|-----------------------|-------------------------------|---------------------------|-------------------------------------|---------------------|------------------------------|--------------|------------------------|----------|----------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO   |  |   |                       |                               |                           |                                     |                     |                              |              |                        |          |                      |                        |
| Effective January 1, 2003   |  |   |                       |                               |                           |                                     |                     |                              | 12 10/00 753 |                        |          |                      |                        |
| ·   |  | CLAIMS AS                                 | GOlumn                |                               | (Column 2)                |                                     | _                   | SMALL ENTITY TYPE            |              | OTHER<br>OR SMALL      |          |                      |                        |
| TOTAL CLAIMS  |  |   |                       |                               |                           |                                     | ſ                   | RATE                         |              | . FEE                  | 1        | RATE                 | FEE                    |
| FOR   |  | NUMBER FILED                              |                       | NUMBER EXTRA                  |                           | I                                   | BASIC FEE \$375     |                              | OR           | BASIC FEE              | \$750    |                      |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=             |                               |                           |                                     |                     | X\$ 9=                       |              |                        | OR       | X\$18=               | ·                      |
| INDEPENDENT CLAIMS  |  |   | minus 3 =             |                               | •                         |                                     |                     | X42=                         |              | <u></u>                | OR       | X84=                 |                        |
| ML  | JLTIPLE DEPEN                                  | DENT CLAIM P                              | RESENT                |                               |                           |                                     |                     |                              |              |                        | OR       |                      |                        |
| * If  | the difference                                 | ero, enter                                | "0" in c              | xolumn 2                      | ı                         | TOTA                                |                     |                              | OR           | TOTAL                  |          |                      |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                       |                               |                           |                                     |                     | :                            |              |                        | ı        | OTHER                | THAN                   |
|   | C  | (Column 1)                                | (Column 2) (Column 3) |                               |                           |                                     | SMALL ENTITY        |                              | OR           | SMALL                  |          |                      |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                    |                     | RATE                         |              | ADDI-<br>TIONAL<br>FEE |          | RATE                 | ADDI-<br>TIONAL<br>FEE |
| ZOM   | Total  | . 10                                      | Minus                 | # 2                           | υ                         | = Ø                                 |                     | X\$ 9:                       | -            |                        | OR       | X\$18=               | \ .                    |
| AMENDMENT   | Independent                                    | • 3                                       | Minus                 | ***                           | 3                         | = <i>B</i>                          |                     | X42=                         |              |                        | OR       | X84=                 |                        |
|   | FIRST PRESE                                    | NTATION OF MI                             | ULTIPLE DEF           | ENDEN                         | CLAIM                     |                                     | <b>'</b> [          | +140=                        | -            |                        | OR       | . +280=              |                        |
|   |  | -   | _                     |                               |                           |                                     | L                   | TOT                          |              |                        | OR       | TOTAL                | -                      |
| $  \wedge$  | 1.25.05  | (Column 1)                                | Sins                  | (Colum                        | nn 2) :                   | (Column 3)                          |                     | VDDIT. FI                    | EE L         |                        | 10       | ADDIT. FEE           |                        |
| ۲   | 000  | CLAIMS                                    |                       | HIGH                          |                           | (Column o)                          | 1 [                 |                              | ٦            | ADDI-                  | <u> </u> |                      | ADDI-                  |
| ENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUM<br>PREVIO<br>PAID         | DUSLY                     | PRESENT<br>EXTRA                    |                     | RATE                         |              | TIONAL<br>FEE          |          | RATE                 | TIONAL<br>FEE          |
| AMENDMENT   | Total .  | . 9                                       | Minus                 | ** 2                          | Ø                         |                                     |                     | X\$ 9=                       | -            | $\dot{\phi}$           | OR       | X\$18=               | $\sim$                 |
| AME   | Independent                                    | · 3                                       | Minus                 | *** (                         | 3                         |                                     | $\left\{ \ \right[$ | X42=                         |              |                        | OR       | X84=                 |                        |
| 20  | 7, 30, 3/                                      | NTATION OF MU                             | JETIPLE DEF           | ENDEM                         | CEAIN                     |                                     | ' [                 | +140=                        | .            | $\mathcal{V}$          | OR       | +280=                |                        |
| ~   | 7 30, 3.                                       |   |                       |                               |                           | •                                   | <b>ل</b><br>م       | TOT                          |              |                        | OR       | TOTAL<br>ADDIT. FEE  |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                       |                               |                           |                                     |                     |                              |              |                        | V.       |                      |                        |
| ENTC  |  | CLAIMS REMAINING AFTER AMENDMENT          |                       | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY       | PRESENT. EXTRA                      |                     | RATE                         |              | ADDI-<br>TIONAL<br>FEE | _        | RATE                 | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  |   | Minus                 | **                            |                           | =                                   |                     | X\$ 9=                       | $\Box$       |                        | ДR       | X\$18=               |                        |
| MEN   | Independent                                    | *   | Minus                 | ***                           |                           | =                                   | 1                   | X42=                         | 1            |                        | OR       | X84=                 |                        |
| ٩   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                               |                           |                                     |                     |                              | ᆉ            |                        | J11      | <u> </u>             | <del></del>            |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul> |  |   |                       |                               |                           |                                     |                     | +140=                        | _1           |                        | OR       | +280=                |                        |
| **  | If the Highest Nu                              | mber Previously Pa                        | ald For IN THI        | S SPACE I                     | s less tha<br>is less tha | n 20, enter *20<br>in 3. enter *3.* |                     | TOTA<br>DDIT. FE             | EL           |                        | OR       | TOTAL<br>ADDIT. F.EE | <u></u>                |
|   | The Highest Nur                                | ther Previously Pai                       | id For (Total or      | Independ                      | ent) is the               | highest number                      | er foul             | nd in the                    | арр          | ropriate box           | in co    | lumn 1.              | •                      |